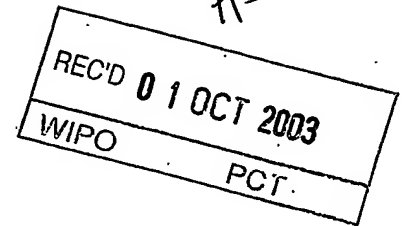
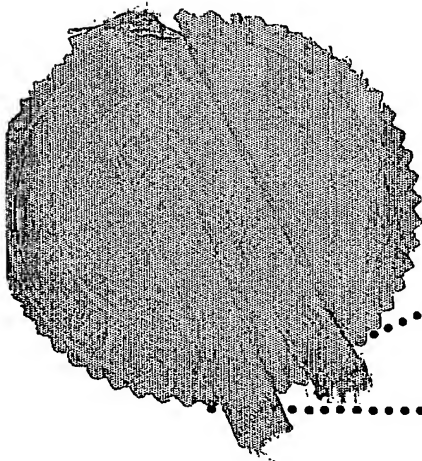


#3

**THE PATENTS ACT, 1970**

IT IS HEREBY CERTIFIED THAT, the annex is a true copy of Application & Provisional Specification filed on 26/06/2002 in respect of Patent Application No. 565/MUM/2002 of Cadila Health Care Limited, of Zydus Tower, Satellite Cross Roads, Ahmedabad-380 015, Gujarat, India, An Indian Company.

This certificate is issued under the powers vested in me under Section 147 (1) of the Patents Act, 1970.



..... Dated this 27th day of August 2003

M.A. Hafeez.

(M.A. HAFEEZ)

ASST. CONTROLLER OF PATENTS & DESIGNS

BEST AVAILABLE COPY

**PRIORITY
DOCUMENT**

SUBMITTED OR TRANSMITTED IN
COMPLIANCE WITH RULE 17.1(a) OR (b)

FORM 1

THE PATENTS ACT, 1970

APPLICATION FOR GRANT OF PATENT (See Sections 5(2), 7, 54 and 135 and Rule 33A)



(1) We, **CADILA HEALTHCARE LIMITED**, a company incorporated under the Companies Act, 1956, of Zydus Tower, Satellite Cross Roads, Ahmedabad 380 015, Gujarat, India

(2) hereby declare –

(a) That we are in possession of an invention titled

“Novel Floating Dosage Form”

(b) That the Provisional Specification relating to this invention is filed with this application;

(c) That there is no lawful ground of objection to the grant of a patent to us.

(3) Further declare that true and first inventors for the said invention are,

Braj B. LOHRAY, an Indian citizen, of CADILA HEALTHCARE LIMITED, Zydus Tower, Satellite Cross Roads, Ahmedabad – 380 015, Gujarat, India

Sandip B. TIWARI, an Indian citizen, of CADILA HEALTHCARE LIMITED, Zydus Tower, Satellite Cross Roads, Ahmedabad – 380 015, Gujarat, India

Raveendra M. PAI, an Indian citizen, of CADILA HEALTHCARE LIMITED, Zydus Tower, Satellite Cross Roads, Ahmedabad – 380 015, Gujarat, India

T. KRISHNA MURTHY, an Indian citizen, of CADILA HEALTHCARE LIMITED, Zydus Tower, Satellite Cross Roads, Ahmedabad – 380 015, Gujarat, India

Pavak R. MEHTA, an Indian citizen, of CADILA HEALTHCARE LIMITED, Zydus Tower, Satellite Cross Roads, Ahmedabad – 380 015, Gujarat, India

(4) We claim priority from the application(s) filed in the following convention country(ies), particulars of which are as follows: **NIL**

(5) That we are the assignees of the true and first inventors,

(6) That our address for service in India is as follows;

SUBRAMANIAM, NATARAJ & ASSOCIATES

Attorneys-at-Law

Patent and Trademark Attorneys

E 556, Greater Kailash II,

New Delhi - 110 048, India.

Phone: 91 11 628 5603, 628 6012, 628 6025

Fax: 91 11 628 6005

Email: sna@vsnl.com

26 JUN 2002

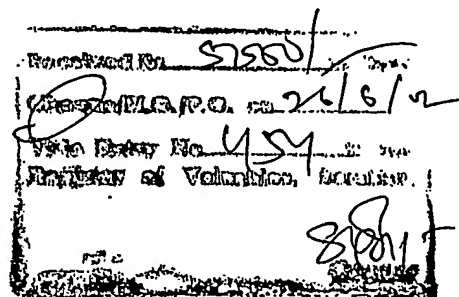
565

मुंबई

2002

MUM

565/mum/2002
26/6/2002



ORIGINAL

(7) Following declaration was given by the inventors

We, **Braj B. LOHRAY, Sandip B. TIWARI, Raveendra M. PAI, T. KRISHNA MURTHY and Pavak R. MEHTA** all Indian citizens, of **CADILA HEALTHCARE LIMITED**, Zydus Tower, Satellite Cross Roads, Ahmedabad - 380 015, Gujarat, India,

and the true and first inventors for this invention declare that the applicants herein is our assignees.


Braj B. LOHRAY


Sandip B. TIWARI


Raveendra M. PAI


T. KRISHNA MURTHY


Pavak R. MEHTA

(8) That to the best of our knowledge, information and belief the facts and matters stated herein are correct and there is no lawful ground of objection to the grant of patent to us on this application.

- (9) Following are the attachments with this application:
- (a) Provisional specification in triplicate
 - (b) Statement and Undertaking on FORM 3 in duplicate
 - (c) Power of Authority
 - (d) Form 2 in triplicate
 - (e) Power of Authority
 - (f) Abstract

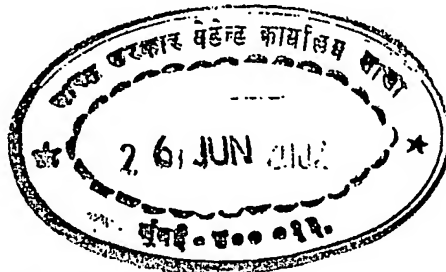
Fee Rs. in Cash/Cheque/Bank Draft Bearing No..... dated.....on
.....Bank.

We request that a patent be granted to us on any complete specification filed on this application for the said invention.

Dated this 24th day of June, 2002.

The Controller of Patents
The Patent Office,
At Mumbai


for **CADILA HEALTHCARE LIMITED**
(Dr. Braj B. Lohray, President
Zydus Research Centre)



FORM -2
THE PATENTS ACT, 1970
(39 of 1970)
PROVISIONAL SPECIFICATION

ORIGINAL

Novel Floating Dosage Form

Cadila Healthcare Ltd.
'Zydus Tower', Satellite cross Roads,
Sarkhej-Gandhinagar Highway,
Ahmedabad - 380 015, Gujarat, India.

This invention particularly describes and ascertains the nature of this invention and the manner in which it is to be performed:

565 | मुंबई | 2002
MUM

26 JUN 2002

Field of Invention

Present invention relates to a novel pharmaceutical composition containing an active ingredient(s) which can retain the pharmaceutical solid dosage form in mammalian gastric mucosa/stomach with controlled delivery of medicament for improved local treatment, and/or better absorption from upper parts of gastrointestinal tract. Present invention also provides a method for preparation of the said dosage form preferably in the form of a bilayer tablet, in which one layer constitutes for spatial control and the other being for temporal control.

Background of the Invention

Oral administration of a drug is perhaps the least predictable route of drug administration, yet it is the route that is used most frequently. Oral medications such as tablets, capsules etc. are relatively cheap to manufacture, offer convenient form of drug administration and reduce the possibility of errors in total dose if the patient is self administering the dosage form. Classically, oral medications are administered as immediate release dosage forms. The major disadvantage of such immediate release preparations is the frequency of drug administration and fluctuations in drug plasma levels. Use of oral controlled release preparations circumvents this problem. Such type of drug delivery systems are designed to deliver the drug in such a way that the drug level is maintained within the therapeutic window and effective and safe blood levels are maintained for a period as long as the system continues to deliver the drug at a particular rate. Controlled drug delivery usually results in substantially constant blood levels of the active ingredient as compared to uncontrolled fluctuations observed with immediate release dosage forms. Controlled drug delivery results in optimum therapy, and not only reduces the frequency of dosing, but may also reduce the severity and frequency of side effects.

A variety of controlled release dosage form designs has been reported in literature. These controlled drug delivery systems are based on different modes of operation and have been variously named, for example, as dissolution controlled systems, diffusion controlled

systems, ion exchange resins, osmotically controlled systems, erodable matrix systems, pH independent formulations, swelling controlled systems and the like.

An ideal controlled drug delivery system should deliver the drug at a constant rate as the system passes through the gastro-intestinal tract. In practice however it is bit difficult. An orally administered drug delivery system encounters a wide range of highly variable conditions such as pH, agitation intensity, and composition of the gastrointestinal fluids as it passes down the gastro-intestinal tract. Various researchers have attempted to design oral controlled drug delivery systems that overcome these problems and deliver the drug at a constant rate as it passes down the gastro-intestinal tract.

The absorption of the drug candidate from the gastrointestinal tract is dictated by the location of the dosage form in the gastrointestinal tract and the GI contents. Some drugs are more efficiently absorbed from the upper part of GI tract while others are absorbed from the lower parts of the gastro-intestinal tract. Therefore, in instances where the drug is not absorbed uniformly over the gastro-intestinal tract, the rate of drug absorption may not be constant in spite of the drug delivery system delivering the drug at a constant rate into the gastro-intestinal fluids. In such cases where the drug has a particular absorption site in the gastro-intestinal tract (i.e. absorption window), stomach or upper part of the small intestine for example, the drug may not be completely absorbed when administered in the form of a typical controlled drug delivery system. It is clear that for such drugs having an "absorption window" as stomach or upper parts of small intestine, an effective oral controlled drug delivery system should be designed not only to deliver the drug at a controlled rate, but also to retain the drug in the upper parts of the gastro-intestinal tract for a long period of time.

WO 00/38650 describes composition for a pharmaceutical dosage form for prolonged release of an active agent from a multilayered dosage form having a highly swellable layer and a drug layer, the dosage form being adapted for retention in the stomach for a prolonged period. The dosage form upon contact with the aqueous fluid/gastric contents

swells to a maximum extent leading to increased buoyancy of the dosage form and the whole dosage form will float on the surface of the gastric contents.

US 6,207,197 assigned to West Pharmaceutical Services for Drug Delivery and Clinical Research Centre provides a drug delivery composition for the controlled release of an active agent in the stomach environment over a prolonged period of time. This comprises of microspheres comprising an active ingredient in the inner core of the microspheres and i) a rate controlling layer of a water insoluble polymer and ii) an outer layer of a bioadhesive agent in the form of a cationic polymer.

US 5,780,057 assigned to Jagotec AG provides a pharmaceutical dosage form for oral administration is a two-or three-layered tablet, wherein at least one layer can rapidly swell by contact with biological and/or aqueous fluids. The said swelling results in a considerable increase in the tablet volume. This phenomenon determines a prolonged residence of the pharmaceutical form in the gastric mucosa and therefore allows slow release of the active ingredient from said pharmaceutical dosage form to the stomach and/or the upper part of the intestine.

US 4,996,058 assigned to Ciba-Geigy corporation relates to a covered, solid retard form which in the case of oral administration remains in the stomach during periodic emptying and ensures continuous release. This dosage form contains at least one component that expands on contact with body fluid and contains a physiologically active substance or a combination of such substances. One permeable hydrophilic membrane which surrounds component which is expansible at the site of use and optionally a covering which surrounds components which, disintegrates without delay under the action of body fluid at the site of use.

JP 06024959 assigned to Bayer Yakuhin KK discloses a pharmaceutical composition to deliver the ciprofloxacin over a prolonged period of time by making the tablet to suspend in the stomach. The system contained two parts laminated to each other. One part containing a water-swellaable gel-forming polymer and a water expandable foaming agent

dispersed in the polymer and the other part containing the active agent. The results showed that only 46% of the drug was dissolved even after 24 hours losing its practicability to be effective as once daily ciprofloxacin formulation.

WO 01/64183 assigned to Ranbaxy Laboratories describes a pharmaceutical composition in the form of tablets or capsules which provides a combination of spatial and temporal control of the drug delivery, specifically for the drug ciprofloxacin. According to the invention, the pharmaceutical composition is prepared by mixing the drug with the gas generating component, the swelling agent, and one or both of the viscolysing agent and the gelling agent, plus other excipients and lubricants. The blend was either directly compressed into tablets or may be filled into capsules. Alternatively, the pharmaceutical composition is prepared by mixing the foregoing ingredients with only one-half of the lubricants. The blend is subjected to dry granulation technique by passing it through the roller compactor and then sieved to obtain granules. The granules are then mixed with the remaining lubricants, and filled into capsules or compressed into tablets. The floating in the stomach is achieved by interaction of the gas-generating component with the gastric hydrochloric acid resulting in gas-entrapped gel matrix having low density.

The present invention involves delivering the drug in the form of a bilayer dosage form in which one layer constitutes for spatial control and the other being for temporal control. Spatial control layer comprises of low bulk density polymers such as cellulosic derivatives either natural, synthetic or semi-synthetic, ethyl cellulose in particular, polyethylene oxide, fatty acids, hydrogenated oils, waxes, shellac, and the likes along with other optional pharmaceutical excipients. The temporal control layer comprises of controlled release matrix polymers such as synthetic or semisynthetic cellulose derivatives like hydroxypropyl methyl cellulose, ethylcellulose and the like and/ or natural polymers or gums such as xanthan gum, gelatin and the like along with other optional pharmaceutical excipients. The active pharmaceutical ingredient is incorporated into the temporal control layer. The temporal control layer may also contribute to floating of the dosage form once the system absorbs aqueous fluids from GI tract leading to swelling and decrease in density. The final dosage form may be coated with suitable

coating materials for either functional or non-functional use known to those in the art of formulation development.

Objectives of the present invention

The objective of the present invention is to provide a novel gastro-retentive delivery system for controlled release of therapeutically active agent in stomach or upper part of gastro-intestinal tract in the form of bilayer dosage form in which;

- One layer (Layer –A) is responsible for retaining the dosage form in stomach or upper part of gastro-intestinal tract (spatial control) for prolonged period and is composed of pharmaceutical excipients with low bulk density such as cellulosic derivatives either natural, semi-synthetic or synthetic, ethyl cellulose in particular, polyethylene oxide, fatty acids, hydrogenated oils, waxes, shellac, and the likes either alone or in combination and along with other optional pharmaceutical excipients.
- The other layer (Layer- B) is responsible for prolonged or controlled drug delivery (temporal control) and comprises of controlled release matrix polymers such as synthetic or semisynthetic cellulose derivatives like hydroxypropyl methylcellulose, ethylcellulose and the like and/ or natural polymers or gums such as xanthan gum, gelatin and the like along with other optional pharmaceutical excipients.

The dosage forms of the present invention can be tablet either coated or uncoated, granules either coated or uncoated, capsule or tablet filled in capsules.

- Another objective of the present invention is to provide a novel gastro-retentive delivery system for controlled release of therapeutically active agent having absorption window and/ or site of action as stomach or upper parts of gastro-intestinal tract for prophylactic and therapeutic use.

Still another objective of the present invention is to make the dosage form float on the surface of the gastric contents with controlled release of the active agent wherein the drug

is delivered over a period of time which is equal to or less than the transit time of the dosage form in the absorptive region of the gastro-intestinal tract.

A further objective of the present invention is to release the active pharmaceutical agent having absorption window as stomach or upper part of gastro-intestinal tract in a slow, controlled manner for better absorption and better efficacy compared to other conventional and controlled release dosage forms.

Yet another objective of the present invention is to provide a drug delivery system that can incorporate high and low dose medicament without compromising dosage form characteristics/properties with acceptable size for oral administration.

Detailed Description of Invention

The present invention relates to a novel pharmaceutical technology in the form of bilayer buoyant matrix dosage form to prolong the delivery of the drug in the stomach or upper part of small intestine. One layer makes the dosage form to stay/float on the surface of the contents in the stomach giving spatial control and the other layer containing the drug optionally along with the other pharmaceutical ingredients for temporal control of the drug.

According to the present invention, the novel technology aims to retain the pharmaceutical dosage form in the stomach or upper part of small intestine. This is achieved through a bilayered pharmaceutical composition wherein one layer (Layer -A) is responsible for spatial control by making the whole dosage form to float on the surface of the aqueous/gastric contents of the gastro-intestinal tract and the other layer (Layer- B) comprising of active pharmaceutical ingredient optionally containing pharmaceutically approved excipients thereby allowing for prolonged release of the drug candidate.

In the present invention the layer A which is responsible for the buoyancy of the whole dosage form is composed of polymers and/ or suitable excipients whose density is below one because of which the dosage form floats along with the other layer on the surface of

the gastric and/or aqueous media. In the present invention the polymers used in the layer-A can be various cellulosic derivatives either synthetic or semisynthetic whose density is less than one, preferably ethyl cellulose, optionally other suitable ingredients like, hydrogenated oils, waxes, fatty acids, shellac, polyethylene-oxide and the likes may also be used.

According to present invention the ratio between ethylcellulose and the other ingredients for Layer A can vary from 10: 90 to 90:10.

According to the present invention the layer B contains the active pharmaceutical ingredient along with, rate retarding polymers, which may optionally be combined with binders, superdisintegrating agents and other pharmaceutically acceptable lubricants. The layer-B can be prepared using various release rate retarding polymers such as cellulose derivatives synthetic or semisynthetic like hydroxypropyl methylcellulose, hydroxy ethylcellulose and the like and/ or natural polymers or gums such as xanthan gum, gelatin and/or polyethylene oxide or other synthetic polymers and the likes along with other optional pharmaceutical excipients. The pharmaceutical composition may be optionally coated with agents as is known in the art.

According to the present invention the drugs can belong to any class and for any disorder by which the therapy or chemotherapy would be improved as a result of controlled drug delivery. The drug may be pharmacologically or chemotherapeutically active itself, or may be converted into active species by a chemical or enzymatic process in the body. Examples of suitable drugs candidates and drugs used for different disorders, are antibiotics, anti-cancers, anti-fungals, anti-fibrial and antiviral agents, lipid lowering agents, non-steroidal anti-inflammatory agents, anti-ulcer agents, drugs for respiratory therapy, dopaminergic agents, skeletal muscle relaxants, cardiovascular agents, antipsychotics. Preferable drugs from these classes are those whose absorption window and or site of action is stomach or upper part of the small intestine and also drugs which do not show uniform absorption characteristics throughout the gastro-intestinal tract. Illustrative examples of drugs that are suitable for the present invention include

antibacterial/anti-infective agents, such as ofloxacin, ciprofloxacin, cefuroxime, cefatrizine, cefpodoxime, clarithromycin, loracarbef, azithromycin, cefadroxil, cefixime, amoxycillin and the like; antivirals, such as acyclovir; cardiovascular agents, such as diltiazem, captopril, and the like; lipid lowering agents such as simvastatin, lovastatin, atorvastatin, and the like; non-steroidal anti-inflammatory agents such as etodolac, ketorolac, and the like; anti-ulcer agents, such as ranitidine, famotidine and the like; drugs for respiratory diseases, such as fexofenadine, pseudoephedrine, phenylpropanolamine, dextromethorphan, chlorpheniramine, and the like; dopaminergic agents, such as bromocriptine; immunosuppressants, such as cyclosporin; skeletal muscle relaxants, such as baclofen; anti-gout agents, such as allopurinol; and the like; antidiabetic agents such as acarbose and the like. The drug itself or its pharmaceutically acceptable salt or ester may be used in the present invention. Moreover combinations of drugs that are typically administered together may be included as the drug component of the pharmaceutical composition. The amount of drug to be used in the composition is that which is typically administered for a given period of time. The drugs can be present in the composition of about 0.5 to 1100mg depending on the drug candidate.

The release-retarding polymers used in the invention belong to the class of cellulose natural gums and/or acrylic acid derivatives which may be either hydrophobic or hydrophilic. Release retarding polymers may be selected from hydroxy propyl methylcellulose (HPMC), hydroxy propyl cellulose (HPC), sodium carboxy methylcellulose (Sodium CMC), ethyl cellulose, xanthan gum, guar gum, acrylic acid derivatives and the likes known to those in the art. The releasing retarding agents may be added in the range of 0.5 to 40% of total weight of tablets and preferably in the range of 1 to 15%, by weight of the total tablet weight of the composition.

Superdisintegrants when used in the pharmaceutical composition swells upon contact with the aqueous media and burst release the drug is observed. Superdisintegrating agents used in the present composition maybe selected cross-linked polyvinyl pyrrolidone, sodium starch glycolate or cross-linked sodium carboxy methylcellulose and preferably cross-linked sodium carboxy methylcellulose is used. The Superdisintegrant agent may

be present in an amount from 0.1 to 20%, preferably from 0.2 to 10% and more preferably from 0.5 to 5 %, by weight of the total weight of the composition (w/w).

Pharmaceutical lubricants used in the present invention maybe selected from stearic acid, magnesium stearate, zinc stearate and other stearates, silicone dioxide, hydrogenated vegetable oils, glyceryl behenate, glyceryl monostearate, talc and the like. In the present invention, the amount of lubricant used may be in the range from about 0.25 to 5% and more preferably in the range of 0.5 to 3% by weight of the total weight of the composition.

The pharmaceutical dosage form upon oral administration floats on the surface of the gastric content based on the principle of buoyancy due to hydrodynamically balancing property of the low density polymers (Layer-A) and releases the drug in a controlled fashion from the other layer (layer B) by diffusion and/ or erosion mechanism for a prolonged period.

Process for Preparation

According to the present invention the pharmaceutical dosage form contains two layers, one responsible for the buoyancy (Layer A) and other being the drug layer in the form of a matrix system (Layer B). In the present invention, the granules for the two different layers are prepared separately and then compressed into bilayered tablet with suitable punch using suitable tablet compression machine.

According to the present invention the buoyant layer (Layer A) can be prepared by physical mixing of the suitable excipients mentioned above and can be compressed directly along with Layer- B. Alternatively, the granules can also be prepared by hot melt granulation technique using the suitable mixture of above mentioned ingredients to obtain suitable size granules.

According to the present invention, the granules of the drug layer (Layer B) can be prepared by mixing the drug with release retarding polymers, superdisintegrating agent

and other necessary pharmaceutical excipients. The blend was then converted into dough mass using binder in a particular solvent. The mass was sieved and dried. The dried mass was sieved through ASTM #20. These granules are then mixed with the lubricants and compressed into tablets along with granules of Layer A.

Coating process

The present invention relating to a buoyant pharmaceutical composition and a method to prepare it in the form of tablets as described above may be optionally coated with rapidly dissolving water-soluble pharmaceutical excipients to mask the bitter taste of the drug and/or to protect the dosage form from degradation during varying storage conditions. A coating of low viscosity hydrophilic polymer is preferred for the faster hydration and release of the drug. The film former can be cellulose derivatives including hydroxy propyl methylcellulose, ethyl cellulose and the like. Highly water-soluble pharmaceutical excipients can be included in the coating to support the faster dissolution of the polymer. The water-soluble ingredient includes lactose, sucrose and the like. The solvent used for the coating solution in the present invention may be water, isopropyl alcohol or methylene chloride and mixture of the same. The tablet may be coated to a weight gain of 0.5% to 8%, preferably 1% to 5%.

Following non-limiting example describe the illustrative pharmaceutical compositions of the present invention and the means of carrying out the invention to obtain a pharmaceutical dosage form of various active agents for oral controlled release.

Example-1**Table-1**

Ingredients	Mg/tab
Layer-A	
Ethyl cellulose	172
Hydrogenated vegetable oil	116
Mg. Stearate	6
Talc	6
Total weight	300
Layer B	
Ofloxacin	800
HPMC-K15	55.5
Cross-linked sod CMC	23
PVP-K 90	27
Isopropyl alcohol	q.s.
Magnesium stearate	9.25
Talc	9.25
Total weight	1224

Layer A

Ethylcellulose and hydrogenated vegetable oil are mixed together and the blend was lubricated.

Layer B

All the ingredients used in the formulation were passed through a sieve (ASTM # 60). Ofloxacin, HPMC and cross-linked sodium carboxy methylcellulose were mixed together with polyvinylpyrrolidone (PVP) as a binder. The mass was dried and passed through a sieve (ASTM # 20). Tablets were prepared using rotary bilayer tablet compression

machine with suitable punch. The tablets were spray coated to obtain the weight gain in the range of 2 – 4 %.

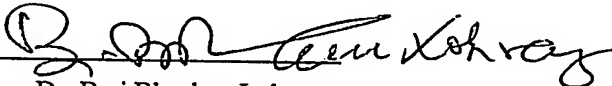
Dissolution study of the coated tablets was conducted in 0.1N HCl using USP Apparatus 1 (basket) at 100 rpm. The dissolution results are given in Table -2

Table-2

Time (hr)	% drug release
1	33.0
2	57.2
3	73.19
4	90.03
5	96.5

Dated this 24th day of June 2002

Signature



Dr. Braj Bhushan Lohray

For Cadila Healthcare Limited,

To,
The Controller of Patents
The Patent Office,
at Mumbai,